

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/36923

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2				
4	/		/			
5		/		/		
6	(1)			/		
7	(1)			/		
8	(1)			/		
9	(1)			/		
10	(1)			/		
11	(1)			/		
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13	(1)			/		
14	(1)			/		
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16	/		/			
17		/		/		
18	2			/		
19	2			/		
20	2			/		
21	2			/		
22	2			/		
23	2			/		
24	3					
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49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	25		28			
TOTAL CLAIMS	28		31			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						